

Registration Form

Please complete using block letters.

Please tick

Profile : General Practitioner Orthopaedic Allied Health/Trainees/Technician
 Medical Officer Dietician Other (please specify) _____
 Rheumatologist Endocrinologist
 Obstetrician & Gynecologist Physician

Gender : Male Female

Meal Preference	
Vegetarian Diet	
Yes	No

Title / Name : _____

Institution : _____

Address : _____

City : _____ Postal Code : _____

Country : _____ Email : _____

Phone No : _____ Fax No. : _____

Registration Fees (Please tick)

Annual Scientific Meeting (10 th –12 th October 2014)	Before 31 st July 2014	After 1 st August 2014
MOS/OSS Members	RM 550	RM 600
Non-MOS Members/Doctors	RM 600	RM 650
Foreign Delegates	USD\$200	USD\$220
Allied Health/Paramedical	RM 450	RM 500

Total Amount

RM

USD\$

Payment

All transaction must be made payable to

"Persatuan Osteoporosis Malaysia"

<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Bank Transfer
Cheque/Bank Draft No : _____		
Bank Name : _____		
Date of issue : _____		

Bank Details:

Public Bank Berhad

Section 14 Branch
No.12, 14 & 16, Jalan 14/14
46100 Petaling Jaya,
Selangor

Account Number : 3072875613

Bank Swift Code : PBBEMYKL

Hotel Reservation & Airport Transfer

For room reservation, please contact Reservation & Airport transfer

The Royale Chulan Damansara

2, Jalan PJU 7/3, Mutiara Damansara 47810 Petaling Jaya Selangor Darul Ehsan, Malaysia Tel : 603 – 7843 1111 Fax : 603 – 7843 1122
Kindly contact Ms Shazana (Sales & Banquet Department)

**Please mail the completed registration form together with payment
or bank transfer receipt either by fax or email to:**

Malaysian Osteoporosis Society

T2-9, Jaya 33, No 3 (Lot 33), Jalan Semangat, Seksyen 13

46200 Petaling Jaya, Selangor Darul Ehsan, Malaysia.

Tel: +603 7718 1748 Fax: +603 7718 1667

Event Secretariat : Chloe Yap (chloe.yap@merck.com)

Signature _____

Date _____